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Navy & Marine Corps Medical News

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This service distributes news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is encouraged.

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Headline: Technology Brings Specialists to Distant Ships

By Douglas J. Gillert, American Forces Press Service, Alexandria, Va.

Commander Nancy Bakalar, MC, studied her patient carefully, from her perspective as a Navy psychiatrist. She watched how he held his body, saw the military creases in his uniform shirt and the shine on his shoes.

"He was depressed, but I knew this guy was still highly motivated," Bakalar said. "He wasn't just speaking it, he was enacting it."

This apparently routine mental health evaluation is remarkable because Bakalar and her patient were thousands of miles apart when they "met." Bakalar assessed her patient from the telemedicine clinic at the National Naval Medical Center (NNMC), Bethesda, Md. The Sailor was 3,000 miles away aboard USS GEORGE WASHINGTON deployed to the Persian Gulf.

Bakalar and her husband, CDR Richard Bakalar, NNMC chief of telemedicine and special telemedicine assistant to the Navy surgeon general, have alleviated reservations many mental health experts had about using videoteleconferencing to evaluate their patients.

"Psychiatrists look at every fluctuation of the eyes, fidgets when you ask certain questions, that sort of thing," Nancy Bakalar said. "They weren't sure they could accurately

view their patients on a TV monitor."

The Bakalars' experience shows videoteleconferencing is conducive to mental health evaluations. "You can see tears; you can see a slowing down if they're depressed or agitation if they're anxious. You can see how they hold their body," she said. Using camera angles and focal distances, doctors can observe their patients from a distance or zoom in close for more personal study.

Once skeptical, CAPT Michael Krentz, senior medical officer aboard the GEORGE WASHINGTON, wondered whether a telemedicine "doctor's appointment" would seem artificial to patients.

"Then I realized that, for the current generation of Sailors, interactive video is not novel," Krentz said. "These are guys that play video games, arcade games. There's no question that the quality of the interaction they have experienced emotionally is very real. It means a lot to Sailors who may feel undervalued to know their command is so invested in their mental health it's willing to use this technology to assist them."

Mental health accounts for a quarter of the "air" time dedicated to telemedicine aboard ship. Using videoteleconferencing saves time and keeps the Sailors on ship. Without telemedicine, Sailors requiring help from medical specialists need to be evacuated to land-based hospitals and could be gone for weeks at a time.

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Headline: Clinic re-engineers medical indoctrination
By Rod Duren, Naval Hospital Pensacola, Fla.

How many times have you transferred to a new duty station, sat through the indoctrination and gone home and heard these questions from your spouse:

"What did you learn at indoctrination? Does the medical clinic see dependents? Does it have a pharmacy?"

Those questions will be easier to answer for those transferring to Naval Air Station (NAS) Whiting Field. The Branch Medical Clinic (BRMEDCL) is re-engineering its medical command indoctrination program from a half-hour to a full day and spouses are invited.

During previous base indoctrination, medical had 30 minutes to introduce everything from cardiopulmonary resuscitation (CPR) to Exceptional Family Member Program to TRICARE.

But where was input about family medicine? Clearly a new business practice was needed to improve information transfer.

With the advent of TRICARE and an increased emphasis on health promotion, BRMEDCL Whiting Field's Training Officer, LT Larry McKenzie, NC, believed the clinic needed more time to apprise newly reporting staff about the changes and new initiatives in Navy Medicine.

Now during orientation, personnel are able to cover such services as military sick call, family medicine, and all related services. Personnel are briefed on TRICARE issues and receive information on the exceptional family member program, health

promotions, HIV education, basic first aid, preventive medicine and back injury prevention. Additionally, all participants are certified in basic adult cardiopulmonary resuscitation (CPR).

"Previously, when we would ask squadron members how many knew CPR, about 30 percent responded positively. After several indoctrinations we're seeing more CPR 'first responders' on board, [it's now] maybe 75 to 80 percent," said McKenzie.

He also pointed out that inviting the spouses would help the entire family. "They will likely be the ones bringing other family members in for medical care," he said. "This way, the person actually using the health care...gets the education needed to meet their family's needs."

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Headline: Rescue personnel participate in joint training
By JOSN Jose' Blanco, Naval Hospital Bremerton, Wash.

A boating accident in the choppy water near Neah Bay throws a man overboard and into icy waters. Local fisherman witness the incident, but, unable to reach the victim, quickly relay a distress message to the local United States Coast Guard (USCG) at Port Angeles.

Rescue teams dressed in blue jumpers and bright orange life vests are scrambled to the scene. An air rescue unit pulls an almost lifeless body from the frigid waters. A quick assessment of the unconscious victim by the on board medic shows the victim's lungs have filled with water and there is a faint pulse.

"What should you do now?" questions Navy Hospital Corpsman Chief Michael Zaleski, an emergency medical training (EMT) instructor for Naval Hospital Bremerton, as he addresses a group of Coast Guard EMT students in Port Angeles. "You're that medic, show me how to save his life."

In a joint opportunity for both services, instructors from the Naval Hospital extended their own in-service EMT courses to assist the USCG with annual recertification.

"The Port Angeles Coast Guard needed EMT instructors for their national EMT certification updates," said Zaleski, "We tailored the Navy's teaching styles to fit the Coast Guard's needs for water rescue scenarios."

During the four-days of training exercises, the USCG students were given refresher courses on patient assessments, and treatment of head and spine injuries. They also practiced on-location cardiopulmonary resuscitation drills.

"Previously all EMT courses were done at Coast Guard Basic Training School, but not any more," said Petty Officer First Class Roger Charappa, USCG. "This is a real service to the fleet, helping out fellow service members. The sharing of resources is something we're trying to push."

"Our ultimate goal here," said Zaleski. "Is not to teach the Navy way of doing things but, to give these guys the confidence to carry this training into their jobs."

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Headline: Hospital staff offers help for new medical center
By: Cpl Steven A. Davis, USMC, Camp S.D. Butler, Okinawa, Japan

Representatives of the Okinawa medical community and Prefecture government toured the U.S. Naval Hospital (USNH) recently to further exchange medical ideas and information.

According to Kiyomi Tajima, USNH community relations specialist, Navy medical staff offered guidance for the establishment of an international medical center scheduled to be built in Naha City.

"The main purpose of this visit was to maintain our solid relationship with the Okinawa medical community," said Tajima. "Our guests were mainly interested in our telemedicine-telecommunication techniques, neonatal intensive care unit and maternal fetal care program for use at their new center."

Four members of the Okinawa Medical Doctor's Association and members of the Prefectural government toured the hospital. In addition to the Neonatal Intensive Care Unit, the visitors also toured the cytopathology department and the emergency room to view day-to-day-operations.

While witnessing department procedures, they spoke with USNH staff and Japanese interns participating in the Japan National Physicians Training Program, which the USNH became involved with in 1992.

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Headline: TRICARE starts in Pacific region
By Bill Doughty, United States Naval Hospital Yokosuka, Japan

Attendees of the TRICARE Western Pacific Conference, held in Tokyo in early March heard good news about TRICARE Pacific, which is beginning in Japan, Korea and Guam. The program is already experiencing a successful start in Japan. Yokosuka, including its catchment area in mainland Japan, has a TRICARE Prime enrollment of over 80 percent.

According to LT John Kendrick, MSC, head of the Managed Care Department at U.S. Naval Hospital, Yokosuka, one goal of the conference was to ensure that all customers will get the same level and quality of service throughout the Pacific.

Kendrick said that a new Health Care Information Line implemented this month in the Pacific will provide greater access to health care information for their customers.

To continue the information effort, the Yokosuka Managed Care Department is distributing the healthwise handbook to all its customers to help them make more informed health care decisions.

A key point emphasized was that TRICARE Prime enrollees will not have to disenroll when making permanent change of station moves. Prime coverage will continue until they enroll at their next duty station.

TRICARE Pacific is considering providing the TRICARE option at remote sites such as Singapore and Thailand.

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Headline: TRICARE Mid-Atlantic establishes phone numbers

By Phil Garcia, TRICARE Mid-Atlantic, Region 2

TRICARE Mid-Atlantic Region 2 officials announced a new toll-free number for appointments and information to better serve active duty, family members and retirees in TRICARE Region 2 (most of Virginia and North Carolina).

Beginning April 1, 1998 the toll-free (800)-931-9501 number operated by Anthem Alliance for Health, Inc., the Managed Care Support Contractor for Region 2, will provide callers with enhanced health care capabilities. Military health care customers will have 24-hours a day, 7-days a week customer service, which is part of the transition to the TRICARE Program throughout Region 2.

The toll-free number will include customer-focused services, such as phone lines designed to serve callers at any hour of the day or week, appointments, claims processing information, information on TRICARE Prime enrollment and network provider listing. The toll-free number is also designed to receive out-of-state calls.

For customers in the Hampton Roads, Virginia area, the TRICARE Prime appointment number will not change for the Sentara-contracted TRICARE Prime Clinics in Virginia Beach, Norfolk, Chesapeake, Little Creek, Naval Medical Center Portsmouth, U.S. Coast Guard Clinic Portsmouth, Ft Eustis (3rd Floor) and NAS Oceana.

The full implementation of TRICARE throughout Region 2 is scheduled to start on May 1, 1998.

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Headline: Pastoral conference addresses improving ministries
By CAPT John FitzGerald, CHC, Bureau of Medicine and Surgery,
Washington, D.C.

The Bureau of Medicine and Surgery (BUMED) will sponsor a unique, mission-essential conference for directors of pastoral care. This first time conference will be hosted by chaplains serving in the Navy, Army, Air Force, Veterans Administration, Bureau of Prisons of the Department of Justice, and National Institute of Health medical systems. The event is from 8 a.m.- 4 p.m., May 4-8 at the National Naval Medical Center, Bethesda, MD, Memorial Auditorium, Bldg. 2, third floor

The conference will plan for continuous improvement of religious ministries in our medical treatment facilities. This year's conference features two major themes: "The Influence of Spiritual Values on Health Outcomes" May 6 and "The Role of Chaplains in Health Care Quality Improvement" May.7
Contact CAPT Jane F.Vieira, CHC, director, pastoral care services, NNMCC, Bethesda for detailed information concerning event. Telephone dsn: 295-0410/1510, com:(301) 295-0410/1510.

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Headline: TRICARE question and answer

Question: My spouse uses another comprehensive insurance

provider as their primary insurance. Does TRICARE Standard or Extra function as the second payer? If so, what is the process that one must go through to benefit from TRICARE as a second payer on a medical claim?

Answer: Yes. TRICARE Standard and Extra pays for covered benefits after all other plans you may have with the exception of Medicaid (a public assistance program) and certain insurance policies that are specifically designated as TRICARE supplements. In other words, if you have another health plan in addition to TRICARE Standard or Extra, the other plan must pay whatever it covers before TRICARE Standard will make any type of payment.

Sometimes your other plan will pay your entire claim, leaving nothing for TRICARE Standard or Extra to pay. You should submit the claim to your TRICARE contractor anyway. This will ensure that the amounts paid by the other plan are counted toward your TRICARE deductible, so you won't be charged the full deductible on other claims you submit to TRICARE. It will also help ensure that the amounts paid by the other plan are counted toward the cost cap.

Sometimes the other plan pays nothing if it doesn't cover the care you received. If this happens, you must file the claim with your other plan first, get an Explanation of Benefits from them and then send this information to your TRICARE contractor. TRICARE will process your claim and pay its share of care covered under TRICARE Standard and Extra.

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Headline: Healthwatch: Relaxing addition to fitness program
By Vera Ando-Winstead, Bureau of Medicine and Surgery,
Washington, D.C.

After a rough workday, do you want a quiet place to unwind? Such a haven is nearby--in the sauna at your local gym or health club.

To relieve stress the sauna helps you relax. To supplement a fitness program, the sauna produces reactions similar to mild exercise such as a brisk walk. The high heat and low humidity give your heart a cardiovascular workout.

Saunas promote the body's natural cleansing through perspiration to maintain clear, healthy skin. Some people believe the sauna helps them lose weight, but the loss is mostly water. When the body replenishes water stores, the "lost weight" returns.

"Basically healthy people of all ages can enjoy a sauna as long as they exercise common sense. If you have high blood pressure or chronic heart disease or suffered a heart attack, you should not use the sauna because of the cardiovascular strain from the heat," said CDR Joseph Moore, MC, head of Sports Medicine, Camp Pendleton Naval Hospital and Specialty Leader to the Surgeon General for Sports Medicine. "Pregnant women should not use the sauna because it increases the heart's workload. Also, high maternal body temperature can adversely affect the fetus."

Planning to use the sauna? Here are some guidelines:

1. If you have special health concerns (such as diabetes,

arteriosclerosis, varicose veins), check with your doctor beforehand.

2. Cool down from a strenuous workout before entering the sauna. Your heart rate should be normal.

3. Do not exercise in the sauna.

4. For safety, use the sauna with a health buddy when possible.

5. Use the sauna on an empty stomach to avoid indigestion.

6. Shower before you enter the sauna to clean and open your pores.

7. Wear as little as possible. Clothes impede the evaporation of water (sweat) from the skin.

8. Never wear water-impermeable material, such as rubber suits, which can lead to dangerously high body temperatures and even death.

9. Sit or recline on the highest level you can tolerate; stay in as long as you comfortably can (generally 8 to 15 minutes).

10. Cool down quickly in open air outside the sauna or under as cool a shower as you can handle.

11. After your heart rate returns to normal, you can repeat the heating and cooling procedure two or three times.

12. Most importantly, before, during and after the sauna, drink plenty of fluids, especially water.

As always, heed your body's signals. How you feel determines how long you remain in the sauna and how long you take to cool off.

If you feel dizzy, nauseated or faint, get out of the sauna. Stand up carefully and slowly. Walk cautiously as you leave the sauna.

Remember, replace the fluids you sweated out; drink plenty of water.

Used recklessly, the sauna can lead to death. However, used correctly, the sauna augments an exercise program and provides overall health benefits. "Many people report physical and mental relaxation and a sensation of general well being after taking a sauna," said Moore. So, relax, treat yourself to the sauna-enjoy!

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at email: mednews@us.med.navy.mil; telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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